

B. Prepurchase examination record

Veterinarian

Name _____
Street _____
Address _____
Phone _____
Fax _____
E-Mail _____



PRAXIS FÜR PFERDE
REYERER
GRUBENSTRASSE 10
49497 METTINGEN
TEL: 0 54 52 / 91 98 80
www.pferdeambulanz.com

Third person (Section 11 General Conditions)

Buyer Vendor

Name _____
Street _____
Address _____
Phone _____
Fax _____
E-Mail _____

Place and date of examination

Emsdetten 11/08/2022

People present

Was the horse tried out?

yes no Irregularities _____

FEI/Equine passport available not available Identification number: DE418181120020
transponder 226 02 0000769714 not controlled not found

Food-producing animal Non-food-producing animal Appendix does not exist Appendix not filled out

Identification

conforms with FEI/Equine passport

Name: V. Poker de Mariposa Breed: OS
Sex: stallion Colour: bay
Age (Teeth): 2 years Brand: _____
Markings: _____

I. General examination

Body condition normal _____

Coat and skin normal _____

Conspicuous scars: no- yes left hip

Skin tumours: no yes _____

Contact No.

122395

Hippiatrika Verlag BiederBieder, 3rd edition 2016. All rights reserved

4

Rectal temperature: **38.0** °C _____
 Pulse quality: normal _____
 Rate at rest: **48** /min. _____
 Respiration: normal difficulties on inspiration _____
 Pulse at rest: **20** /min. difficulties on expiration _____

Visual examination of head: normal _____
 Conjunctive: normal _____
 Mandibular lymph nodes: normal _____
 Jugular veins: normal _____
 Nasal discharge: no yes _____
 Spontaneous cough: no yes _____

II. Examination at rest

Nervous system normal _____
 Any indications of paralysis and problems of the central nervous system: _____

Eyes
 Anterior segment including lids, conjunctiva, cornea, anterior chamber, iris and adnexa: normal _____
 Posterior segment including lens, vitreous humour and retina: normal _____
 Mydriasis yes no (Please observe status of food)

Behaviour normal _____

Respiratory system
 Cough reflex: normal _____
 Auscultation of the trachea: normal _____
 Auscultation of the lungs: normal _____

Following respiratory stimulation (rebreathing exam, closure of nostrils or via medication): normal _____

Heart normal _____

Oral cavity, teeth normal _____
 (rostral aspect)

External genitalia normal _____
 Visual examination and palpation

Faeces consistency normal _____

Drug testing urine blood immediately examined not examined different handling

III. Examination of the locomotor system

Visual inspection and palpation of the neck, back, croup, chest and abdominal region

normal

Visual inspection and palpation of the limbs

L. F.: normal

R. F.: n

L. H.: n

R. H.: n

Shoeing normal 2x front

Examination of the horse at walk and trot in hand – straight up and back – on firm ground

normal

Flexion tests

Pain on turning no yes

Flexion of limbs (standard, 1 min, +, ++, +++)

L. F.: neg. pos. _____ L. H.: neg. pos. _____

R. F.: neg. pos. _____ R. H.: neg. pos. _____

Pain while flexing/flexion mechanically impossible no

Hoof tester: neg.

Neurologic abnormalities: none

Additional examination: none

IV. Examination during/following exercise (heart, respiratory system, locomotory system)

(Horse should be exercised until it shows rapid respiration) lured without side-reins ridden running free

Locomotory problems: no yes _____

Abnormal respiratory sounds: no on inspiration on expiration _____

Breathing problems: no yes _____

Coughing, nasal discharge: no yes _____

Auscultation Heart: normal _____

Lungs: normal _____

Pulse and respiratory rates following exercise

	Rate at rest	Immed. follow. exercise	After <u>10</u> minutes	After ___ minutes:
Pulse	<u>48</u>	<u>84</u>	<u>50</u>	<u>-</u>
Respiration	<u>20</u>	<u>62</u>	<u>20</u>	<u>-</u>

Rapid respiration after ___ minutes at the trot and/or 5 minutes at the gallop

V. Other and/or special examinations

a) Radiographic examinations

Findings described (according to "Röntgenleitfaden", i.e. German Guidelines for reporting radiographic purchase examination)

yes no

1.) Standard

Toe

(Dorsoproximal-
palmarodistal,
Oxspring)

L.F.:

R.F.:

Toe

(90° Overview)

L.F.:

R.F.:

L.H.:

R.H.:

Tarsus

(2 views: 45-70°,
90-135°)

L.F.

(45-70°)

L.S.

(90-135°)

R.F.

(45-70°)

R.S.

(90-135°)

Tarsus

(3rd view, 0°
recommended)

L.F.

R.F.

2.) Additional radiographic examination

Stifle: L.:
(2 views: 90-115°
90-115°, 0/180°)

L.:
(0/180°)

R.:
(90-115°)

R.:
(0/180°)

Spinal processes:
(thoracic/lumbar)
(90°, respectively, 270°)

number of radiographs:

3.) Additional radiographs (special supplementary radiographs for purpose of control)

Navicular bone L. F. (90°):

L. F. (tang.):

R. F. (90°):

R. F. (tang.):

Pedal joint:
(flexed, 45° and
31.5° on Oxspring
block)

L. F. (45°):

L. F. (31.5°):

R. F. (45°):

R. F. (31.5°):

Fetlock joint:
(4 views, 0°, 45°,
90°, 31.5°)

L. F. (0°):

L. F. (45°):

L. F. (90°):

L. F. (31.5°):

R. F. (0°):

R. F. (45°):

R. F. (90°):

R. F. (31.5°):

4.) Other radiographs

